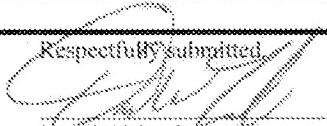


TRANSMITTAL FORM

	Application Serial Number 10/809,808 Filing Date MARCH 26, 2004 First Named Inventor BORIS MASLOV, ET AL. Group Art Unit 2837 Examiner Name COLON SANTANA E. Attorney Docket No. 76897-018CIP6 Patent No. Not applicable Issue Date Not applicable
--	---

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate)
<input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] 	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Petition for Extension of Time (3-months)	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations 	<input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Amendment After Allowance	
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 		

CORRESPONDENCE ADDRESS Direct all correspondence to: PATENT ADMINISTRATOR Proskauer Rose LLP 1001 Pennsylvania Ave., N.W. Suite 400 Washington, D.C. 20004 Tel. No.: (202) 416-6800 Fax No.: (202) 416-6899 CUSTOMER NO: 61263	SIGNATURE BLOCK  Respectfully submitted, David W. Laub Attorney for the Applicant(s) Proskauer Rose LLP 1001 Pennsylvania Ave., N.W. Suite 400 Washington, D.C. 20004
---	---

FEE TRANSMITTAL
FY 2006

<i>Complete if Known</i>	
Application Serial No.	10/809,808
Filing Date	MARCH 26, 2004
First Named Inventor	BORIS MASLOV, ET AL.
Group No.	2837
Examiner Name	COLON SANTANA, E.
Confirmation No.	7953

METHOD OF PAYMENT

Payment Enclosed:

Check Money Order Other

FEE CALCULATION (continued)

<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3840
<input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit	

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

Small Entity Discount

1. TOTAL

2. EXCESS CLAIM FEES	Fee	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	30	25
Each independent claim over 3 or, for Reissues each independent claim more than in the original patent	200	100

Total Claims

Extra Claims

Fee Paid (\$)

- 20 or HP* \$ \$

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee Paid (\$)
- 3 or 14*	\$ \$	

HP = highest number of total claims paid for, if greater than 3

Multiple Dependent Claims	Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)
	360	180	

2. TOTAL

3. APPLICATION SIZE FEE

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(D)(G) and 37 CFR 1.16(g).

Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
-100*- 0 /50*		round up to a whole number	x	= 0.00

3. TOTAL

CORRESPONDENCE ADDRESS

Direct all correspondence to:

PATENT ADMINISTRATOR
Proskauer Rose LLP
1001 Pennsylvania Avenue, N.W., Suite 400
Washington, D.C. 20004
Tel. No.: (202) 416-6800
Fax No.: (202) 416-6899
CUSTOMER NO: 61263

TOTAL AMOUNT SUBMITTED

(\$760.00)

SIGNATURE BLOCK

Respectfully submitted,

David W. Laub

Attorney for the Applicant(s)

Proskauer Rose LLP

1001 Pennsylvania Ave., N.W., #400
Washington, D.C. 20004

Date: August 21, 2006

Reg. No.: 38,768

Tel. No.: (202) 416-6800

Fax No.: (202) 416-6899